Form **990** 

Department of the Treasury Internal Revenue Service

l

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AI	or the	2017 calendar year, or tax year beginning A	PR 24, 2017 and	ending	DEC 31	, 2017	
В	Check if applicable	C Name of organization			D Employ	yer identifi	cation number
	Addre	SANTA CRUZ COUNTY GREE	NWAY, INC.				
	Name chang					82-1	286815
X	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suit	e E Telepho	one numbe	
	Final	224 DALTCADEC ATE	• • •				234-5259
	termin ated		ZIP or foreign postal code		G Gross red		194,892.
	Amend		3 1 11 111			s a group re	
X	Applic		ES REITER			ubordinates	
	pendir			M	•	subordinates ir	
1 1	Tax-exe	empt status 501(c)(3) X 501(c) ( 4 )		- 3 10	7		list (see instructions)
JI	Nebsit	te: > HTTPS://SCCGREENWAY.OR			~1		n number
KF	orm of	organization: X Corporation Trust As	sociation Other	L Yea			A State of legal domicile: CA
Pa	art I	Summary					
a	1	Briefly describe the organization's mission or most	significant activities PROM	OTE S	OCIAL V	VELFAR	Ε,
Governance		INCLUDING THE BEST USE OF	SANTA CRUZ COU	NTY'S	COASTA	AL COR	RIDOR.
Ĕ	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of mo	re than 25%	of its net as	ssets
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	7
<u>ಇ</u>	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	<u> </u>
es	5	Total number of individuals employed in calendar y	year 2017 (Part V, line 2a)			5	<u> </u>
Viti	6	Total number of volunteers (estimate if necessary)				6	0
Activities	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form	990-T, line 34			7b	0.
					Prior Y	ear	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)					194,892.
eur	9	Program service revenue (Part VIII, line 2g)				TED	1 0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)	-	DECE	MED	$\frac{10}{10}$ 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)	, į L	KLUE		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	\ <sub>cp</sub> [		<del>e</del> 5018	\o\ 194,892.
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)	\#\	MARO	0 -	<u></u>
	1	Benefits paid to or for members (Part IX, column (A		\ <u>\</u>	<u>il — i</u>	-11	T = 0.
es		Salaries, other compensation, employee benefits (		\[\frac{1}{2}\]	LACO	FIA . R	57,347.
Expenses		Professional fundraising fees (Part IX, column (A), I		. 1			0.
, X		Total fundraising expenses (Part IX, column (D), lin		0.			F0 4F0
		Other expenses (Part IX, column (A), lines 11a-11d	•	-			59,473.
	1	Total expenses Add lines 13-17 (must equal Part I		-			116,820.
_ <u>~ ~</u>		Revenue less expenses Subtract line 18 from line	12				78,072.
Net Assets or Fund Balances		T		<u> </u>	Beginning of Cu	arrent Year	End of Year
Sse Bak	20	Total assets (Part X, line 16)		-			78,072.
a ter	21	Total liabilities (Part X, line 26)		⊢			70 072
	<u>  22</u> art	Net assets or fund balances Subtract line 21 from Signature Block	line 20				78,072.
		Ities of periury. I declare that I have examined this return.	including accompanying cohodule	ne and etate	ments and to t	he heet of m	v knowledge and helief it is
	•	it, and complete. Declaration of preparer (other than office	. , ,		•		y knowledge and belief, it is
li uc	, 601160	t, and complete. Dedication of preparer (other trian office	si ) is based on an information of wi	ilicii picpai	ci ilas aliy kilo	2 /23 /	8
Sig	n	Signature of officer	<del></del>		Da	1te	10
Her		WILL MAYALL, SECRETARY					
He	-	Type or print name and title		<del></del>			
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	1	DAVID DOOLIN	Sparor o orginaturo			ıf self-employ	P00768562
	oarer	Firm's name PETRINOVICH PUGH	& COMPANY, LLP		Fır	m's EIN	94-1668792
	Only	Firm's address 333 WEST SANTA C					
	-	SAN JOSE, CA 951			Ph	one no. <b>( 4</b>	08) 287-7911
May	the IF	RS discuss this return with the preparer shown abo					X Yes No
	01 11-2			ons.			Form <b>990</b> (2017)

		1286815	Page 2
Pai	rt III Statement of Program Service Accomplishments		<del></del> 1
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission	COLDINIA	
	RAISING BROAD-BASED SUPPORT FOR TRANSFORMING THE SANTA CRUZ		
	RAIL CORRIDOR INTO A SCENIC BIKE AND PEDESTRIAN PATHWAY THA		<u> </u>
	ACTIVE TRANSPORTATION AND HEALTHY RECREATION AS IT CONNECTS	OUR	
	NEIGHBORHOODS FROM DAVENPORT TO WATSONVILLE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Voo	X No
	If "Yes," describe these new services on Schedule O	res	ואט
3		Vac	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O	1es	LALINU
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ad by expenses	
~	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t		ınd
	revenue, if any, for each program service reported.	otai expenses, a	uiu
4a	(Code) (Expenses \$116,820 . including grants of \$) (Revenue \$)	194	892.)
70	RAISE BROAD-BASED SUPPORT FOR GREENWAY, A WIDE PATHWAY THAT		
	HEALTHY RECREATION AND CONVENIENT TRANSPORTATION.	T KOVIDE.	<u>-</u>
	MEADINI RECREATION AND CONVENTENT TRANSPORTATION:		-
			<del>-</del>
			<del>-</del>
_			
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		
75	(Code) (Expenses \$ including grants of \$) (Revenue \$)		′
		·	
		<del></del>	
			_
		<del></del>	
4c	(Code) (Expenses \$		
	/ Code / [Localite 4 /		
		<del></del> ,	
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
TU		١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 116,820.		-
<u></u>	ZAVIVAVI	Form 9	90 (2017)

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			:
	Schedule D, Part III	8_	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u>x</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٠,,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of-its total -	446	-	x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	440		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	_	
'	the organization's separate or consolidated infaricial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	<b> </b>	
ıza	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u></u> -
.,	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		•	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u></u>	X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		ŀ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		_	-
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	]	l	Į
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36_		<b>}</b> -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del>  -</del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
—	Note, All Form 990 filers are required to complete Schedule O	38	X QQQ	(2017)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Ye<u>s</u> No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с 7d d If "Yes." indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

14h

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
-	Difference of the first transfer of the firs		Yes	No
10a		10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40		
40	In Schedule O how this was done  Did the organization have a written whistleblower policy?	12c		
13 14	Did the organization have a written whisheblower policy?	13 14		<u> </u>
	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150	X	
a h	Other officers or key employees of the organization	15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	43	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a		ie –	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	WILL MAYALL - 831-234-5259			
	224 PALISADES AVE, SANTA CRUZ, CA 95062			

DIMITOR COOL	Form 990 (2017)	SANTA CE	RUZ COUN	.T. X
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SANTA CRUZ COUNTY GREENWAY, INC.

82-1286815

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part V	Check if Schedule C	contains a response	or note to an	v line in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B) Average hours per week	(do	not c	(( Pos heck ss pe	tion		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MILES REITER	2.00								•	•
PRESIDENT		X		Х		_		0.	0.	0.
(2) RYAN WHITELAW	2.00	-	-							-
VICE PRESIDENT	0.00	X	<u> </u>	X	-	<u> </u>		0.	0.	
(3) BUD COLLIGAN	2.00								•	0
CHIEF FINANCIAL OFFICER	0.00	X		X				0.	0.	0.
(4) WILL MAYALL	2.00	<b>.</b>		7,7				0.	0.	^
SECRETARY AND TREASURER	1.00	X		X				0.		0.
(5) WILL MENCHINE	1.00	7,							0.	0.
DIRECTOR	1 00	X		_				0.	0.	
(6) WILLIAM OW	1.00	х						0.	0.	0.
DIRECTOR	1.00	^						<u> </u>	0.	
(7) ROBERT STEPHENS	1.00	x				1		0.	0.	0.
DIRECTOR	1.00	^	-		<del>                                     </del>				<u></u>	<u></u>
(8) ROB QUINN	1.00	X						0.	0.	0.
DIRECTOR	40.00	<u> </u>	-	<del>                                     </del>				•	<u> </u>	<u> </u>
(9) GAIL MCNULTY EXECUTIVE DIRECTOR	40.00	-	-	x	-	-		53,005.	0 •	- 0
EXECUTIVE DIRECTOR	-							33,003.	<u> </u>	
				-						
					$\vdash$					·
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						<u> </u>	<del>                                     </del>			
		$\vdash$	ऻ	<del>                                     </del>	t				=	
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					$\vdash$	<b>†</b> • • •		-		
		1								
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		1			1					

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do			itior more	1 than	one	Reportable	Reportable	]	Estima	-
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	· ·	compensation	Ì	amoun	
		(list any	<b>—</b>	<u> </u>				155,	from the	from related organizations		othe	
		hours for	Individual trustee or director	ĺ	ĺ		L	ĺ	organization	(W-2/1099-MISC	, l	compens from t	
	•	related	96 Of 0	ste			ısate		(W-2/1099-MISC)		"丨	organiza	_
		organizations	trust	Institutional trustee		g A	m be		(,		-	and rela	
		below	lg ng	量	   5	кеу етріоуее	loyee	횰		I		organiza	tions
		line)	횰	#st =	Officer	Ke.	Highest compensated employee	<b>Former</b>					
				i				ŀ					
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			1										
1h	Sub-total	L	_	Ь		_	<u> </u>		53,005.		ō.	<del>-</del>	0.
	Total from continuation sheets to Part V	Il Section A							0.		0.		0.
	Total (add lines 1b and 1c)	ii, ocollon A							53,005.		0.		0.
2	Total number of individuals (including but r	not limited to th	1058	liste	ed a		e) wh	no r					
_	compensation from the organization	iot iiiiitoo to ti	.000		, u		٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0
	compensation from the digeral attention			_	_					<del></del>		Yes	$\overline{}$
3	Did the organization list any former officer.	director or tri	iste	e ka	v er	mole	ovee	or	highest compensated e	mniovee on	Γ		1
•	line 1a? If "Yes," complete Schedule J for s			o, no	,, 0,	IIPIC	,,00	, 0.	mgnest compensated c	inployed on	1	3	X
4	For any individual listed on line 1a, is the si			mn	one:	ation	n and	t ot	her compensation from	the organization	l		+
•	and related organizations greater than \$15									ino organization		4	x
5	Did any person listed on line 1a receive or									idual for services	ŀ	-	1
Ū	rendered to the organization? If "Yes," con							Ciac	ted organization or indivi	addi for oct vices		5	X
Sec	tion B. Independent Contractors	ipicie Genegali	<del></del>	0/ 3	1011	perc	3011		<del></del>				1
1	Complete this table for your five highest co	mnensated in	dene		nt c	onti	racto	ore t	that received more than	\$100,000 of comp	ensī	tion from	
•	the organization. Report compensation for		-								J. 136		
	(A)	the calcindar y	car	Grian	ng v	*11.7	0, 1,	<u>""</u>	(B)	7047		(C)	
	Name and business	address	N	INC	₹.				Description of s	ervices	C	ompensati	on
			-11	<u> </u>				_					
								l					
								_				-	
						_							
										1			
								$\dashv$		<del></del>		<del></del>	
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								j					
	Table and the second								1 = h =				
2	Total number of independent contractors (		ot li	mite	a to		_	stec	above) who received in	ore tnan			
	\$100,000 of compensation from the organi	zation >					0	_				Form <b>990</b>	/001T
												-orm MM()	つロエフト

		Check if Schedule O conta	ains a re	sponse	or note to any line				
	•					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	<del></del>	1a					
들되				1b					
الجَيْ		_		1c					
# Z	d			1d					
S,E		0	ons)	1e					
r Si	f	All other contributions, gifts, grant	-						
돌		similar amounts not included above	/e	1f	194,892.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$						
<u>8 g</u>	h	Total. Add lines 1a-1f			<b>•</b>	194,892.			
					<b>Business Code</b>				
8	2 a								
و چَ	b						_		
Program Service Revenue	С								
e a	d								
<u>6</u>	е								
ے	f	All other program service reve	nue						
$\rightarrow$	g	Total. Add lines 2a-2f			<b>•</b>				
	3	Investment income (including	dıvıdend	ls, ınter	est, and				
		other similar amounts)			▶				-
	4	Income from investment of tax	k-exemp	t bond (	oroceeds 🕨				
	5	Royalties			<b>▶</b>	· · · · · · ·			<u> </u>
	-		(1) F	Real	(ii) Personal				
İ	6 a	Gross rents			<u> </u>				
	b	Less: rental expenses							
İ		Rental income or (loss)							
		Net rental income or (loss)			<u> </u>				
	7 a	Gross amount from sales of	(i) Sec	urities	(II) Other				
		assets other than inventory	-				,		
	b	Less. cost or other basis							
		and sales expenses	<u> </u>						
		Gain or (loss)			<u></u>				
		Net gain or (loss)			<b>P</b>		<u>,</u>		
e	8 a	Gross income from fundraising	-						
		including \$							
Other Rever		contributions reported on line	1c) See						
_ je		Part IV, line 18		a				-	
₹		Less direct expenses		t					
		Net income or (loss) from fund			<b>•</b>			<del>.</del>	
	9 a	Gross income from gaming ac	uviues		.				
Ì		Part IV, line 19		8					
		Less, direct expenses	una aatu	utuaa t	`L				
		Net income or (loss) from garr	-	/ILI <del>C</del> S		<del></del>			
	то а	Gross sales of inventory, less and allowances	returns						
		Less: cost of goods sold		a b					
		=	o of invo	,	'L				ľ
	<u> </u>	Net income or (loss) from sale  Miscellaneous Revenu		ntory	Business Cada				
ŀ	44 -				Business Code				
	11 a	<del></del>			<del> </del>				
]	b					<del></del>	<del>   </del>		
	ب C	All other revenue					-		
		Total. Add lines 11a-11d							<u> </u>
	12	Total revenue See instructions.			` [	194,892.	0.	0	. 0.
72200	9 11-2			<u> </u>					Form <b>990</b> (2017)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	<del></del>
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,	F2 00F	F2 00F		
_	trustees, and key employees	53,005.	53,005.		<del>_</del> _
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ			
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	}			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 342	4,342.		
10	Payroll taxes	4,342.	4,342.	<del></del>	<del></del> _
11	Fees for services (non-employees)		`		
a	Management	18,554.	18,554.	<del></del>	
b	Legal Accounting	10,334.	10,334.	<del>-</del>	
d	· *				
e	Professional fundraising services. See Part IV, line 17	<del></del>			
f	Investment management fees				
g					<del></del>
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	36,437.	36,437.		
13	Office expenses	2,144.	2,144.		<del> </del>
14	Information technology	629.	629.		<del></del>
15	Royalties				<del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				1
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	,			ı
а	ACT A C AND DAMEDONA TABLERAN [	882.	882.		
b	POSTAGE AND DELIVERY	479.	479.	<del>-</del>	
c	BANK FEES AND CHARGES	298.	298.		
d	T = C = C = C	50.	50.		
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	116,820.	116,820.	0.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation.				-
	Check here I if following SOP 98-2 (ASC 958-720)	į		'	

Form 990 (2017)
Part X Balance Sheet

art	<u>X</u>	Balance Sheet				
		Check if Schedule O contains a response or note to any	line in this Part X		- 1	
•	•			(A) Beginning of year		<b>(B)</b> End of year
Т	1	Cash - non-interest-bearing		0.	1	78,072
İ	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
1	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former off	icers, directors.			<u> </u>
	•	trustees, key employees, and highest compensated employees				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	sons (as defined under			
	Ü	section 4958(f)(1)), persons described in section 4958(c)				
-		employers and sponsoring organizations of section 501				
					6	
	_	employees' beneficiary organizations (see instr) Comple	nte Part II OI SCII L		7	
	7	Notes and loans receivable, net			8	<del></del> -
	8	Inventories for sale or use			9	
	9	Prepaid expenses and deferred charges		<del></del>	9	·
1	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D 10a	<u>-</u>			
1	b	Less accumulated depreciation 10b			10c	
	11	Investments · publicly traded securities		11		
'	12	Investments - other securities See Part IV, line 11		12		
٠   ١	13	Investments - program-related. See Part IV, line 11		<del></del> -	13_	
'	14	Intangible assets		-	14	··
	15	Other assets. See Part IV, line 11			15	
4	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	0.	16	<u> 78,07</u>
1	17	Accounts payable and accrued expenses			17	
1	18	Grants payable		18		
-	19	Deferred revenue		19		
:	20	Tax-exempt bond liabilities		20		
:	21	Escrow or custodial account liability. Complete Part IV of	f Schedule D		21	
:	22	Loans and other payables to current and former officers	, directors, trustees,			
		key employees, highest compensated employees, and o	disqualified persons			
		Complete Part II of Schedule L			22	
1:	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
:	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables t	o related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X of			
		Schedule D		. <u>.</u> .	25	
يل	26_	Total liabilities. Add lines 17 through 25		0.	26	
-		Organizations that follow SFAS 117 (ASC 958), check	k here			
1		complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets			27	<u> </u>
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		29		
		Organizations that do not follow SFAS 117 (ASC 958	), check here 🕨 🗴	•		_
		and complete lines 30 through 34.			1	
	30	Capital stock or trust principal, or current funds	0.	30		
	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	0.	31	
	32	Retained earnings, endowment, accumulated income, of		0.	32	78,07
- 1	33	Total net assets or fund balances		0.	33	78,07
1 '	<i></i>	Total liabilities and net assets/fund balances		0.		78,07

-orm	990 (2017) SANTA CRUZ COUNTY GREENWAY, INC.	82-128	<u>6815</u>	Page <b>12</b>
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,892.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,820.
3	Revenue less expenses Subtract line 2 from line 1	3	78	,072.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities .	6		
7	Investment expenses	7		
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	78	3,072.
Paı	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
_	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	x
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	20	
		ı on a	1 1	
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			
	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	x
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	a haeie		
	consolidated basis, or both	c basis,		
	Separate basis Consolidated basis Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.		
C	review, or compilation of its financial statements and selection of an independent accountant?	o aaa,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O		
2~	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			
Jä	Act and OMB Circular A-133?		3a	x
<b>.</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		<del></del>
U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
	or desire, explain this in contessio o and seconds any stope tenter to any organization		Form	990 (2017)

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

SANTA CRUZ COUNTY GREENWAY, INC. 82-1286815
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WAS REVIEWED BY THE TREASURER AND COPIES WERE PROVIDED TO THE OTHER
BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS AND COMPARED WITH AREA
ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND OTHER STATEMENTS ARE AVAILABLE UPON REQUEST.